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A Dissertation
on
Enteritis
by
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Passed March 26 1824
W. E. H
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Among the diseases to which the human frame is incident, few are more violent or rapid in their course, than inflammations affecting the abdominal viscera. Of these there is none perhaps more fraught with danger than enteritis, or inflammation of the intestines

Having made choice of this disease as the subject of the following pages, I shall now attempt a description of the symptoms, mode of treatment &c, hoping at the same time, that the errors and defects of the essay, may be ascribed to that want of opportunity which at all times the student is more or less liable to.

Without further preface, I will now endeavour to give a definition of the term according to the best authorities

Enteritis may be defined an inflammation of the intestines, with severe pain in the abomen, accompanied with a sense of twisting about the umbilicus.

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vomiting, obstinate costiveness, and generally attended with great debility.

It is divided by Cullen into, enteritis phlegmonodea and enteritis erythematica. The former he defines — enteritis with acute pain violent fever, vomiting and costiveness.— The latter, enteritis in which the pain and fever are less violent, accompanied by diarrhoea without vomiting.

The symptoms of the latter are oftentimes very uncertain and obscure, insomuch so that after death dissection shows evident marks of inflammation, and yet the patient shall not have complained of either fever or pain.

Having thus attempted a definition, we shall next proceed to detail some of the causes of enteritis. It may be produced by an accumulation of indurated faeces, by hernia and volulus; it frequently follows an attack of spas=

modic colic; often it is induced by cold applications, either to the abdomen or extremities; and sometimes by acid and indigestible substances taken into the stomach. These being the principal causes, it is unnecessary, perhaps, to dwell longer upon them. We shall therefore in the next place go on to give a description of the symptoms of enteritis.

In the begining of the disease, the patient complains of a sharp, burning pain, sometimes fixed, at others more generally felt over the whole abdomen. The pain is more severe at one time than at another, owing (as has been supposed) to the contents of the intestines passing over the inflamed part.

A very good diagnostic of enteritis is that the pain is greatly increas'd by pressure. As enteritis progresses, the abdomen generally becomes tumid, and

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in almost all cases obstinate costiveness attends throughout the disease. The patient is often troubled with nausea and sometimes with vomiting.

These symptoms are attended with a considerable degree of fever. The pulse is hard, chorded and frequent. The heat is considerable accompanied with great thirst, and the urine is high coloured. There is also very commonly a remarkable depression of strength.

It is sometimes very difficult to distinguish enteritis from other visceral complaints, for as it frequently spreads to other parts, it is almost impossible to ascertain its chief seat. It may be mistaken for pleurisy or hepatitis when the upper part of the colon is affected; or for the piles, when the rectum is the seat of the disease.

Enteritis terminates either by resolution, gangrene or suppuration.

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If the disease has not arisen from any violent cause; or if the symptoms are moderate; or should it give way to the remedies employed, in the course of the first or second week, we may expect that it will terminate in resolution: which may be considered as the only favourable termination of enteritis.

On the contrary, should the symptoms continue moderate for several days, or the patient complain of irregular shivering, a sense of weight, an obtuse instead of an acute pain, we may suppose the disease has terminated in suppuration, and that an abscess has formed. If the abscess bursts internally a purulent diarrhoea is produced, and as the ulcer very seldom heals, the coats of the intestines generally slough away and are discharged by stool.

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When the symptoms have continued for some time with unabating severity, and the remedies administered appear to have no effect, we may expect that gangrene will be the result, which is known by the pain suddenly ceasing, the pulse intermitting, the body covered with a cold sweat, involuntary dark coloured stools, hiccup and increasing debility; under which symtoms the patient soon expires.

We now come to speak of the most important part of the subject, namely treatment. And here first and greatest upon the list stands bloodletting.

Bleeding is the remedy on which we principally depend in enteritis; and it should be had recourse to as soon as the symptoms of the disease first make their

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appearance and carried to as great an extent as the system of the patient can possibly bear. We should let the pulse have very little weight with us, in deciding whether to unsheathe the lancet or not, for cases do sometimes occur, where if we were guided altogether by the pulse; we might suppose that a stimulating instead of a depleting practice was indicated. The pulse is generally found to be, weak and small, and in this condition it is that we experience the good effects of blood-letting, for in place of reducing its strength as we might at first suppose, it is found, (if it be about to prove serviceable) to raise it and to bring it to a more natural standard.

When enteritis supervenes some of the worst forms of typhus, we must then be very cautious how we use the lancet, because, as the patient has been reduced to a state of great prostration

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by the preceding fever, we would find in most cases though not perhaps in all, that bloodletting would only hasten to a fatal termination.

If we find the pulse becomes irregular, or the patient is attacked with convulsions or syncope, we should then refrain from bleeding as the case is too far advanced to bear it.

When after bloodletting we experience a remission of the symtoms, we may consider it a very good prognosis; but we should be careful not to be thrown off our guard by it, as in a majority of cases, after the first bleeding, sooner or later an exacerbation takes place requiring a repetition of the remedy.

In case the first bleeding should produce but little remission in the symptoms, it must be repeated in larger quantity and in shorter time, than otherwise would be necessary.

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The next remedy we come to speak of is Cathartics — and in the administration of these, we should proceed very cautiously, for as the stomach is generally very irritable, care should be taken to make choice of those that may best agree with it, as otherwise they would be very likely to be rejected by vomiting.

The Cathartics most generally employed are castor oil, and the saline or mercurial purges, — the latter of which should not be given alone, but in combination with some milder cathartic, for the purpose of rendering it more effectual and easy in its operation. The exhibition of cathartics ought to be mostly prefaced by bloodletting, because if we can procure a remission of the inflammatory symptoms, we may expect them to act with greater certainty and expedition than if

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they had been prescribed previous to vena section. If the nausea and vomiting are so great that nothing can be retained upon the stomach, we must then resort to clysters.— These should be of a mild emollient character, and they should be exhibited in rather small quantities, for fear of producing irritation, and with caution so that the intestines may not be distended. In all cases of enteritis it is proper to use injections, but care should be taken that we make use of such only as are of a soothing nature.

As it regards the administration of opiates, all writers, with few exceptions, condemn their use especially in the early stages of enteritis, for if prescribed at this ~~time~~ period they are said to induce the disease frequently to terminate in gangrene.

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often experienced from the application of blisters. They should be placed upon the abdomen and made so large as to cover nearly the whole of it. It has been recommended also to apply them at the same time to the extremities. As soon as the patient begins to perceive the burning sensation produced by the blisters, the pain is often diminished.

It is a fact worthy of notice, that the same cathartics and clysters will now readily procure evacuations, which, previous to the operation of the blisters, have failed of effect.

Rubefacients often prove very advantageous. Flannel dipt in brandy and sprinkled with pepper is an excellent one. We may also use the spirit of turpentine or tincture of cantharides.

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effect. Cloths immersed in warm water and wring out will answer as well as any. The only objection to fomentations is, that they have a tendency to increase the weakness and anxiety. If this, however, should not be the case, they may be found of some service; but we should never let them supersede blisters, as they are a much more valuable remedy.

The warm bath, more especially the semi-cupium, has been recommended; but the objection against the preceding remedy, is very applicable here.

Diet. The diet of the patient should be of the mildest nature; such as beef tea, barley water or chicken broth; and these must be taken in small quantities at a time, at least until some evacuations have been procured; for if we allow the patient to overload his stomach, irritation will ensue, and an in-

crease of the symptoms will be the consequence to. To guard against a relapse, the diet should still be mild and the bowels kept gently open for some time after every symptom of the disease has disappeared.

In case suppuration should take place very little can be done. If the abscess burst into the cavity of the intestines, it has been recommended to employ agrimony, virga aurea &c. as a means of healing the ulcer; but we expect very little from them. The patient is often much reduced by the discharge. Tonics then may prove useful, as an infusion of bark or chalybeate waters. Should the abscess burst into the cavity of the abdomen, death is then as certain as when it terminates in gangrene, though generally longer delayed.

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